

Final Report and Recommendations to the White House Conference on Aging by the American Occupational Therapy Association

From

American Occupational Therapy Association
White House Conference on Aging’s Solution
Forum and Designated Event
Friday, May 13, 2005
Hyatt Regency
Long Beach, CA

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Introduction

The American Occupational Therapy Association was pleased to host AOTA's White House Conference on Aging's (WHCoA's) Solution Forum and Designated Event, Friday, May 13, 2005, at the Hyatt Regency in Long Beach, California. Approximately 50 occupational therapists and interested individuals attended this event. The session was divided into two parts: formal testimony by invited experts and an open forum.

AOTA thanks WHCoA Policy Panel members Clayton Fong, Bob Blancato, and Tom Gallagher for their interest in this session and their contributions to our discussion. Additional thanks are extended to all of the presenters whose thoughts are represented here; their contributions helped frame the major issues concerning the needs of baby boomers and older Americans in the coming years. Once the issues were identified, the expert testimony and open-forum discussions identified the occupational therapy solutions to the topics.

Additional thanks are extended to AOTA staff Christina Metzler, chief public affairs officer, and Karen Smith, regulatory associate, for their onsite assistance and participation and to Sharon Atterbury for her help coordinating the events and this final report.

The attached *Final Report and Recommended Solutions to the White House Conference on Aging by the American Occupational Therapy Association* is submitted for your review. Additional information, including talking points, can be found on AOTA's website at www.aota.org. Please direct any comments or questions to

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Final Report and Recommendations to the White House Conference on Aging by the American Occupational Therapy Association

The White House Conference on Aging's (WHCoA's) theme, "The Booming Dynamics of Aging: From Awareness to Action," is addressed through the six areas listed below [Q: see query below. 5 areas?]. The American Occupational Therapy Association (AOTA) invited occupational therapists and other advocates of the elderly population to present their perspectives on these areas and the occupational therapy solutions to the issues raised at AOTA's WHCoA's Solution Forum and Designated Event, May 13, 2005:

- Planning Along the Lifespan (This general issue concerned financing and long term care insurances and was therefore not addressed by discussants.)
- Workplace of the Future
- Our Community
- Health and Long-Term Living
- Social Engagement
- Marketplace.

The results of the discussion and proposed solutions follow.

Workplace of the Future

Discussion

Occupational therapists can assist employers and employees to examine the work environment and recommend physical and attitudinal adaptations. Occupational therapy consultations with employers can result in studies to demonstrate the multiple approaches to enabling continued older worker productivity; the benefits of flexible scheduling; and that ergonomically appropriate work areas and stations can promote productivity, reduce fatigue, and be at the forefront of programs to prevent worker injuries.

Occupational therapists and occupational therapy assistants also can develop and manage wellness programs that can reduce injuries. Rehabilitation programs can be developed and managed to address worker needs after injury, promoting optimum recovery.

Occupational therapists and occupational therapy assistants can help older technology users and others identify their technological needs and fits. Occupational therapy providers are the solutions to helping identify the appropriate "tools" to meet the users' needs, from low-tech devices (e.g., pencil grips, reachers, lever handles for doors) to high-tech devices (e.g., computers, voice-activated software, powered mobility, environmental control units).

Occupational therapists and occupational therapy assistants can increase awareness of the range of software available for work and leisure to meet the needs of the growing number of computer users who are aging.

Occupational therapists and occupational therapy assistants can train caregivers and employers in the use of assistive technology to support the elderly population's use of the devices.

Ensuring that there are qualified occupational therapy professionals should occur in collaboration with entry-level and advance practice education. This can create service-learning opportunities that potentially stimulate students' and practitioners' interest in aging. Expanded knowledge of aging may result in greater numbers of professionals expanding the workforce.

Occupational therapy professionals will make sure that assistive technology is offered as a choice to promote optimum independence. Acquisition of devices will increase when funding barriers are reduced, when information about technology is delivered in a culturally appropriate format, and when information includes training to reduce product abandonment.

Solutions

Create policies to address workforce issues that include occupational therapy services that emphasize the assistive technology and ergonomic needs of older workers.

Increase the number of assistive technology providers, including occupational therapists capable of delivering quality services that promote productivity, reduce potential injuries, and meet individual needs.

Expand reimbursement for low- and high-tech assistive technology.

Our Community

Discussion

Occupational therapists and occupational therapy assistants deliver services to clients in their homes, community settings, and facilities. They provide assessments and interventions that promote optimum occupational performance for people with depression or serious and persistent mental health issues, chronic illnesses, and disabling conditions. Occupational therapy services can be delivered to individuals or groups. Both delivery models are effective and can address wellness, prevention, and rehabilitation needs that assist the individual's goal to age in place.

Caregiver stress can be reduced through occupational therapy interventions that foster client independence and promote stress reduction strategies for caregivers. Families provide 84% of free informal care; 50% of this care is delivered by spouses. Families and other caregivers need the types of support that occupational therapists can provide: stress management, instruction in good body mechanics, and so forth.

Adult day care programs that provide occupational therapy services should include fall prevention programs; driving screenings; orientation to assistive devices; and assistance improving occupational performance, including activities of daily living.

Occupational therapy professionals provide interventions that examine individuals' psychosocial well-being and their needs for physical restoration. This enables occupational therapists to consider underlying factors related to fear of falling. Addressing these issues can help return the individual to community participation, contributing to his or her wellness and ability to age in

place for longer. Occupational therapists and occupational therapy assistants currently work in fall prevention programs. Research has demonstrated the efficacy of occupational therapy's role in reducing falls.

With occupational therapy services provided through a "range of residential options in the community," older adults can achieve greater participation in their homes and communities. To facilitate participation in communities, occupational therapy practitioners provide a bridge to services across the health care continuum (from acute care to rehabilitation to long-term institutional care and home- and community-based services). With funding supports for the use of occupational therapy in these varied settings, practitioners can help create more coordinated care and can tailor interventions, which can make them more cost effective.

Solutions

Additional research is necessary using occupational therapists and occupational therapy assistants to further examine factors that contribute to falls. This knowledge, translated to practice and public education, can help reduce falls. Funding for evidence-based research should be increased and translated into best practices that are implemented in programs for older adults.

Occupational therapists and occupational therapy assistants can promote health, wellness, and rehabilitation in adult day care center programs. Funding is needed to enable the delivery of occupational therapy services in these community-based programs.

Health and Long-Term Living

Discussion

As the population continues to change, additional occupational therapists and occupational therapy assistants representing all cultural and ethnic backgrounds need to be recruited to work with elderly people. Currently, data suggest that there will be a shortage of occupational therapists and occupational therapy assistants. Incentives are needed to recruit more occupational therapy practitioners (e.g., tuition and loan forgiveness programs). Subsidizing occupational therapy education may help recruit more individuals from diverse backgrounds into the profession who have cultural competency to address the needs of multicultural clients in their homes and communities.

"Supportive services" can be strengthened through policies that offer occupational therapists the ability to be the first service in home health. While occupational therapy practitioners work in a variety of settings, current policy constraints limit the ability to provide home health services such as assessing the home environment. Rather than using occupational therapy as a cost-effective service in meeting the needs of people at home, occupational therapy services in home health are dependent on other health services providers. If occupational therapy were to become a qualified service to open a case in home health under Medicare, practitioners could be used better to provide needed supportive occupational therapy services in home health.

Solutions

Fund research to support preventive care and to evaluate the true cost benefits that are critical to achieving a truly modern Medicare program.

Develop public education on fall prevention for the elderly population and those involved with them, and expand research on approaches to fall prevention and treatment.

Direct more public research dollars to gather evidence that supports the development of new therapies and techniques to address all elements related to aging in place. Encourage the development of consumer satisfaction and quality of life measures that evaluate the efficacy of services.

Social Engagement

Discussion

The ability to get around in the community and maintain social relationships is critical to support aging in place. As people age, their occupational performance may change, affecting their ability to drive to work, medical appointments, and leisure activities. Driving or alternate transportation helps people continue to maintain their roles in the community. Personal and community safety will be enhanced when driving evaluation and interventions are available and affordable. When driving is no longer an option, older adults may need assistance learning about transportation options and how to use them effectively.

When social engagement changes as a result of depression or a persistent mental illness, individuals' community participation may change. Medicines are not always the only solution. Occupational therapy helps people engage in their lives by providing occupation-based interventions focused on individual needs and priorities.

Occupational therapy has an important role in secondary prevention. Occupational therapy screenings and evaluations such as driver screenings may help prevent injuries with the elderly population and others who are at risk (e.g. individuals with newly acquired disabilities). Funding for and access to prevention programs will help identify performance concerns that can be addressed to prevent or delay functional changes.

Solutions

Driving will be recognized as an instrumental activity of daily living and a part of the usual and customary occupational therapy process.

Occupational therapy will be a reimbursable service for the driving evaluation and intervention.

Occupational therapy will be a reimbursable service for assisting seniors to appropriately access community transportation options and to transition from a driver to nondriver as necessary.

Reimbursement for mental health services, including for occupational therapy services, will be expanded to promote optimum continued social engagement.

Marketplace

Discussion

The goal is to enable older adults to remain in their homes and communities. Occupational therapists assess individuals' needs for home and environmental modifications and make recommendations that can improve accessibility, help reduce falls, and facilitate caregiving. Many communities are "built out," which means that vacant land for building new homes is rare or nonexistent. People will be able to age in place only if their current homes are modified according to their current and anticipated needs.

Occupational therapists have the expertise and training to recommend and implement strategies in every room in the home that could help a person complete daily tasks effectively and efficiently no matter the degree of his or her ability. Removal of environmental barriers and hazards and use of physical energy conservation techniques will improve safety.

Occupational therapists understand the unique abilities of each individual and how one's strengths can be used through home modifications to facilitate the completion of everyday life activities. Evidence indicates that home modification recommendations from occupational therapists can be effective at reducing fall risk and caregiver concerns (Cumming et al, 1999; Gitlin, Mann, Tomit, & Marcus, 2001).

New home construction should incorporate features of visit-ability and universal design.

Solutions

Policies that effectively "create accessible and supportive home environments" need to facilitate the use of occupational therapy practitioners in providing tailored recommendations for the home environment.

In recognition of the changing demographics, funding is recommended to increase the number of occupational therapists and occupational therapy assistants from culturally and ethnically diverse backgrounds who work in long-term care and community settings.

Occupational therapists' recommendations of assistive devices will allow users greater opportunity for full participation at home and work and during leisure pursuits.

Research on assistive technology and its availability should be expanded to better enable full participation in home and community life.

Strategies should be implemented that encourage more students and occupational therapy practitioners to choose aging and long-term care as a practice area. Recruitment of practitioners into skilled-nursing facilities and community services for older adults will more readily occur when there is reimbursement for mental health services, older driver screening and training, community mobility training, home modification, and fall prevention programs.

Conclusion

Occupational therapy focuses on maximizing an individual's participation in his or her preferred occupations (e.g., work, leisure, home, play).

AOTA has created fact sheets for aging consumers, families, and professionals to help build an understanding of occupational therapy's role with specific populations and conditions. Some of those fact sheets are

- OT in Dysphagia Care
- OT in Falls Prevention
- OT in the Home Health Agency
- OT in Older Driver Rehab

OT for Individuals With Visual Impairment. AOTA provides its members with many continuing education opportunities, books, and practice guides and is developing Board and Specialty Certifications, some of which are related to aging.

Board Certification

- Gerontology
- Mental health
- Physical rehabilitation

Specialty Certification

- Cognition
- Driver rehabilitation and community mobility
- Environmental modification
- Feeding and swallowing
- Low vision

Special Interest Sections (SISs) are supported to enhance the profession's connection to multiple interest areas, with online access to all 11 SIS listservs, the *SIS Quarterly* newsletters, and the newsletters' archives. The SISs include education, gerontology, home and community health (including home modifications), mental health, physical disabilities (including a Driving/Driver Rehabilitation Network), technology, and work programs.

AOTA's mission and priorities support the six themes established by the WHCoA. Occupational therapy services are the solutions to many of the challenges and opportunities facing baby boomers and the elderly population today and in the coming years.

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Testimonies

Overview of Aging Interests and Priorities

Pam Toto, MS, OTR/L, BCG, Chairperson, AOTA Gerontology Special Interest Section
PowerPoint Presentation

Aging in Place

Jon Pynoos, PhD, Director, National Resource Center on Supportive Housing and Home Modification and Co-director, Fall Prevention Center of Excellence, Andrus Gerontology Center, University of Southern California

The dominant preference of older adults is to age in place, or to remain in one's current home and community as long as possible. Such a strong attachment to place is understandable when length of tenure is taken into account; in 1996, 65% of elderly homeowners had lived in the same home for more than 30 years (AARP, 1996). For many such residents, their current housing represents a sense of security, neighborhood connections, and memories of a place where they raised a family.

Unfortunately, however, the housing stock is woefully inadequate to accommodate the needs of a rapidly growing aging population. For too long, we have been building housing that is inaccessible, unsafe, and unsupportive. I refer to this as "Peter Pan housing," designed for people who will never grow old.

Components Needed to Facilitate Aging in Place

Enabling older adults to remain in their home and community is a complex task because it requires policy efforts on multiple fronts:

1. *Need for a supportive environment*

Approximately 1.14 million older persons with health and mobility problems have unmet needs for additional supportive features in their dwelling units (U.S. Department of Housing and Urban Development [HUD], 1999). Many of these older adults may find it impossible to safely age in place because of physically deficient housing conditions, even though they value continuity in their living arrangements.

2. *Need for supportive services*

In addition to physically supportive environments, older people may require personal assistance with tasks such as preparing meals, ambulating, bathing, and shopping. Many community-dwelling older adults are disconnected from needed services largely because long-term-care policy in the United States lacks an emphasis on home and community-based services.

3. *Need for a range of housing options in the community*

Aging in place requires a range of community-based housing alternatives such as affordable housing connected with services and assisted living. Maintaining older adults

in the community is well-aligned with the Olmstead Decision issued by the Supreme Court in 1999 (OLMSTEAD V.L.C. (98-536) 527 U.S. 581, 1999) that requires states to provide services in the “most integrated setting appropriate” to the needs of people with disabilities.

Barriers to Aging in Place

1. Limitations of current legislation

Government response to improving the suitability of conventional housing has been slow to evolve, limiting the ability of older adults to age in place. The Fair Housing Amendments Act of 1988 (U.S. Code, Title 42, Section 3604) requires accessibility features in housing settings over four units and enables people with disabilities to make “reasonable accommodations” in the retrofitting of existing multiunit dwellings. However, the law is vague on the definition of “reasonable.” In addition, it leaves out single-family houses and smaller housing complexes in which a majority of older people live.

2. Organizational barriers in subsidized housing

Organizational barriers lead to difficulties in linking housing and services to help older adults age in place. Many agencies and entities such as HUD, various state-level departments (e.g., housing finance, community development, aging/human/social services), public housing authorities, Area Agencies on Aging, and community organizations have some level of involvement in financing and delivering housing and services. However, none is formally charged with coordinating or integrating a complex pool of limited resources and multiple providers. Furthermore, HUD has taken a “bricks-and-mortar” approach to housing and is reluctant to provide funding for services. This problem is underscored by the reality that savings that might result in health or service expenditures do not accrue to agencies that fund the development and operation of the housing.

3. Funding barriers need to be addressed

The ability to facilitate aging in place is difficult because Medicaid, the primary government program that pays for long-term-care services, overwhelmingly funds nursing home care. In 2000, Medicaid spent \$67 billion on long-term care, 75% of which paid for nursing home and institutional care (Wiener, Tilly, & Alexih, 2002). While nursing home care has become a form of entitlement, community-based care services are still optional. Moreover, Medicaid pays for only limited home modifications that can help prevent accidents such as falls, help caregivers, and help promote independence.

Aging in Place: Strategies to Support Independence

Policymakers should support a range of strategies that target the home as well as the broader community.

1. *Use home modifications*

Increasing evidence suggests that home modifications can have an important impact on the ability of people with chronic illness or disability to live independently. They can enhance independence, help prevent accidents such as falls, and facilitate caregiving. Home modifications are adaptations to the physical environment that improve accessibility and supportiveness. They include features that are supportive (e.g., grab bars, handrails), forgiving (e.g., carpeted floors), controllable by residents (e.g., individual thermostats at appropriate heights), and easy to use (e.g., places to sit while cooking).

2. *Expand service coordination*

Service coordination links residents of housing complexes and services. Services coordinated for residents include home-delivered meals, in-home supportive services, transportation services, and assistance with locating other living arrangements. Service coordinators successfully marshal several new services for residents. Policymakers should continue to support this strategy.

3. *Develop affordable assisted living*

To address the needs of older adults for housing that provides on-site personal care services and 24-hour supervision as an alternative to nursing homes, we need to develop more affordable assisted living. Programs should be developed that both allow conversion of existing Section 202 projects into assisted living and develop new facilities that are able to use housing vouchers, Medicaid waivers, and Supplemental Security Income payments to make them affordable.

4. *Promote visit-ability and universal design housing*

Aging in place would be more feasible if supportive and adaptable settings were built in the first place. Unfortunately, we continue to develop single family housing and small townhouse complexes (four or fewer units) that are inaccessible and lack supportive features. This is penny wise and pound foolish and a deterrent to aging in place. For the future generations of elderly people and people with disabilities, we need to build more appropriate housing in the first place. Such housing should follow the principles of visit-ability by providing at a minimum an accessible first floor (e.g., zero-step entrance, wide doors and corridors, accessible bathroom). It would be even better to embrace the principles of universal design by building in such features as nonskid tiles, walk-in showers, and multilevel counters. Enhanced efforts are necessary to encourage consumers who are building or remodeling houses to ask for these features. Although somewhat more costly initially, universal design, as applied to housing, will ultimately reduce later expenditures necessary for remodeling or retrofitting.

5. *Create elder-friendly communities*

Understanding the needs of an older person requires the examination of not only the individual but also the wider environmental settings in which the person lives. A considerable number of older people live in buildings or communities populated by large concentrations of elderly people. Most of these naturally occurring retirement communities offer the opportunity to rebuild communities so that they are “elder-friendly” in terms of the presence of senior centers; available services; appropriate transportation; and convenient stores, churches, and parks. Equally important are the maintenance of sidewalks, the legibility of signage, and the provision of appropriate lighting. Planning and policy initiatives must recognize the environmental context as key to healthy aging communities.

Summary

The dominant preference of older adults to age in place is largely absent as an explicit goal of U.S. long-term-care policy. Systemic legislative, organizational, and funding issues hamper the development of a coherent policy on aging in place. However, there is increasing recognition that policy must de-emphasize institutional care and focus on supporting home and community-based care. The United States must move toward adopting comprehensive, national policies to support independent living on three fronts:

1. Accessible and supportive home environments,
2. Supportive services, and
3. A range of residential options in the community.

American Occupational Therapy Solutions to Aging in Place

Dory Sabata, OTD, OTR/L

National Resource Center on Supportive Housing and Home Modification, and Fall Prevention Center of Excellence, Andrus Gerontology Center, University of Southern California

Occupational therapy is concerned with maximizing participation in everyday life activities that connect people to their home and community. Occupational therapy practitioners recognize the changing demographics that are creating more demands for services for people who want to age in place. One of the ways occupational therapy practitioners address this need is through home modifications.

The American Occupational Therapy Association (AOTA) has taken steps to prepare its members to be competent and skilled for providing services that support aging in place. A Home Modification Network was established for occupational therapy practitioners to communicate and collaborate about their work in home modifications. Additionally, AOTA has developed Practice Guidelines for home modifications (Siebert, 2005). It offers continuing education workshops on home modifications and has begun developing criteria for specialty certification in the area of environmental modifications. Occupational therapy services can be used to strengthen the strategies for aging in place identified by Dr. Pynoos. He identified three strategies: “(1) accessible and supportive home environments, (2) supportive services, and (3) a range of residential options in the community.”

1. *Policies that effectively “create accessible and supportive home environments” need to facilitate the use of occupational therapy practitioners in providing tailored recommendations for the home environment.* Occupational therapists understand the unique abilities of each individual and how one’s strengths can be used through home modifications to facilitate the completion of everyday life activities. Evidence indicates that home modification recommendations from occupational therapists can effectively reduce fall risk and caregiver concerns (Cumming, 1999; Gitlin, Mann, Tomit, & Marcus, 2001).
2. *“Supportive services” can be strengthened through policies that offer occupational therapists the ability to open a case in home health.* While occupational therapy practitioners work in a variety of settings, current policy constraints limit the ability to provide home health services such as assessing the home environment. Rather than using occupational therapy as a cost-effective service in meeting the needs of people at home, occupational therapy services in home health are dependent on other health services providers. If occupational therapy were to become a qualified service to open a case in home health under Medicare, we could be better used to provide needed supportive occupational therapy services in home health.
3. *With occupational therapy services provided through a “range of residential options in the community,” older adults can achieve greater participation in their homes and communities.* To facilitate participation in communities, occupational therapy practitioners provide a bridge to services across the continuum (from acute care to rehabilitation to long-term institutional care and home and community-based services). If the funding in legislation supports the use of occupational therapy practitioners in these varied settings, we can help create more coordinated care, tailor interventions, and make them more cost effective.

The occupational therapy profession is prepared to provide services that facilitate aging in place. By identifying what is important to individuals and developing tailored plans for home modifications, occupational therapists have demonstrated effective interventions. The profession has created guidelines and training opportunities to ensure competent care. When policies support our practice, occupational therapists can provide needed services that maximize older adults’ abilities to age in place.

Overview of Driving and Community Transportation Issues

Esther Wagner Older Driver Program Analyst
National Highway Traffic Safety Administration
PowerPoint Presentation

Occupational Therapy, Driving, and Community Mobility

Elin Schold Davis, OTR/L, CDRS
Coordinator AOTA’s Older Driver Initiative

Statement: Ensure that, for individuals with an illness, injury, or other condition, occupational therapy is a Medicare-covered service for evaluation and intervention to address functional limitations in driving to keep seniors driving safely as long as possible and to identify those who can no longer drive safely.

Problem: Inconsistent coverage.

- Medicare does not specifically cover physical or cognitive deficits that affect driving safety, if there are no other occupations affected enough to warrant a physician's referral (i.e., dressing, eating, in-home safety).
- Inconsistent (Medicare) coverage is identified as a barrier to encouraging more programs to include driving/transportation recommendations when completing an occupational therapy IADL assessment (the IADL assessment encompasses the range of functional and independent living skills), because the term *driving* is singled out as a reason for denial.

Background: Individualized evaluation is essential to identify “at-risk drivers” and to pinpoint illness, injury, and underlying areas of impairment impacting safe driving abilities (the ability to manage a vehicle independently).

Rationale: When the problem is identified, the client and family are empowered to make informed decisions such as considering a driving and community mobility evaluation or to seek additional intervention to address the identified impairments.

1. Occupational therapy's opportunities to address an identified impairment might include the following:
 - a. Interventions can address or improve the impairment with the functional goal of keeping seniors driving safely longer.
 - i. Clinical remediation with the goal of improvement of sub-skills
 - ii. A comprehensive driving evaluation to assess competence or to recommend adaptive equipment and driving training, a distinct and separate service that follows the initial evaluation and referral to a driving program or service
 - b. For people with impairments not appropriate for remediation, the intervention may be directed toward helping the client and family understand why the risk for continued driving is too great. This intervention will be directed toward the identification and use of appropriate transportation alternatives.
 - c. The intervention for people facing cognitive impairment is directed toward both the patient and his or her family. A person with impaired cognition may have a limited ability to appreciate risk. This population requires education and strategies supporting driving cessation to ensure their safety and the safety of community.
2. Medicare covers occupational therapy evaluation and intervention for individuals with functional deficits (i.e., range of motion, judgment, visual field) that affect most ADLs/IADLs.

Summary:

- Occupational therapists have the specialized knowledge and skills necessary to serve this population.
- This represents a serious gap in policy.

Statement: Society and beneficiaries are best served by the inclusion of driver evaluation and intervention by occupational therapists as a covered service, as well as to promote the use of occupational therapy for assisting older individuals to access appropriate community-based transportation as they transition from driver to nondriver to maintain their ability to fully participate in their community.

Occupational therapy’s role when seniors face driving cessation: Mobility is “at risk” when requirements for mobility exceed abilities (e.g., the distance to walk to a bus stop; the high step up to the van; problems with visual acuity impairing sign recognition; cognition impairments that hinder processing and understanding schedules, transfers, or the sequence for returning home)

- Occupational therapy can assist with matching strengths and abilities to transportation options
- Occupational therapists are skilled in “lifestyle redesign” as drivers transition to non-drivers. Occupational therapists ask the questions
 - What does the senior need and want to do?
 - How can seniors remain engaged in meaningful occupations as they transition?
 - What are the community options?

Recommendation: Establish driving as an IADL in policy debates and payment structures so that a limitation in driving, just as a limitation in other IADLs (e.g., medication management), establishes the need for services, including occupational therapy.

Supporting Statements and Documents: Occupational Therapy’s Role in Senior Mobility

1. Driving and community mobility are well represented in occupational therapy scope of practice, official language, and practice acts. Areas of occupation include activities of daily living (ADLs) and IADLs.

“Moving self in the community and using public or private transportation, such as driving, or accessing busses, taxi cabs, or other public transportation systems”(AOTA, 2002).

Driving and community mobility are critical IADLs essential to health, well-being, and quality of life.

2. Serving seniors: Participation is a philosophical core of occupational therapy.
3. Occupational therapy interventions may enable a senior to continue driving safer longer and thus to
 - Continue full participation in the community
 - Remain independent longer
 - Seek driving cessation as the last option exercised

- Explore alternative options after cessation.

Overview of Low Vision Issues: Medical Issues in Vision Impairment and Rehabilitation

Lori Grover, OD, FAAO, American Optometric Association
PowerPoint Presentation

Occupational Therapy Solutions to Low Vision Issues

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PowerPoint Presentation

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White House Conference on Aging Open Forum Summary

Workplace

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Workplace

Employers are not prepared for an expanding aging workforce. Employers and their older workers will need assistance thinking creatively about flexible schedules, physical energy conservation, access to and use of technology, and environmental accessibility. Employers need guidelines for addressing the needs of aging workers. Work brings value to us and is a part of our identity.

Karen Jacobs--Workplace Solutions

- Occupational therapists can help. Occupational therapists can assist employers and their employees to examine the work environment and recommend physical and attitudinal adaptations.
- Occupational therapy consultations with employers can include case studies to demonstrate to employers the benefits of flexible scheduling, that ergonomically appropriate work areas and stations can promote productivity and reduce fatigue, and that programs can be established to prevent worker injuries. Occupational therapists can develop the guidelines needed by employers to support their aging workers.
- Occupational therapy should be part of the progress using consultative and direct service models. Occupational therapists and occupational therapy assistants are equipped to develop and run wellness programs and address worker needs after injury.

Technology

Technology enhances all of our lives. We use technology at work, home, and in our leisure pursuits. Promoting the independence of baby boomers and older adults involves building an

awareness of the range of technologies that are available, demystifying the use and application of everyday and more sophisticated devices, and developing ways to get devices into the hands of people who need them. Qualified professionals are needed to help baby boomers and older adults identify and learn to use all ranges of technology and to identify their needs for funding sources so that purchases are not prohibitive.

Susan Leech--Technology Solutions

- Occupational therapists and occupational therapy assistants can help older users and others identify their technological needs and fits. Occupational therapy providers are the solutions to helping identify the appropriate tools to meet the users needs from low-tech devices (e.g., pencil grips, reachers, lever handles for doors) to high-tech devices (e.g., computers, voice-activated software, powered mobility, environmental control units).
- Occupational therapists and occupational therapy assistants can increase awareness of software needed for work and leisure that is available for the growing number of elderly computer users. Increase the number of assistive technology providers so that services are from qualified professionals to continue successful use.
- Occupational therapists and occupational therapy assistants will train caregivers and employers in use of assistive technology to support the elderly population's use of the devices.
- By ensuring that there are qualified occupational therapy professionals in entry level and advance practice education, this creates service learning opportunities that potentially expand the service delivery area. Service learning is a great way to get students interested in aging.
- Occupational therapy professionals will make sure that assistive technology needs are offered as a choice. Acquisition of devices will increase when funding barriers are reduced, when information about technology is delivered in a culturally appropriate format, and when information includes training to reduce product abandonment.

Mental Health

Depression and serious and persistent mental illness are significant problems among older adults. To support aging in place, mental health services need to be available in all communities, and people need a variety of transportation options available to access these services. Community housing programs do not offer sufficient mental health support to meet the needs of the growing population with depression and those with persistent mental health issues. Caregivers need to understand how to support and advocate for baby boomers and older adults whose mental health status impedes community participation.

Kristine Haertl--Mental Health Solutions

- Occupational therapists and occupational therapy assistants deliver services to clients in their homes, community settings, and facilities. They provide assessments and interventions that promote occupational performance for people with depression or serious and persistent mental health issues.
- Caregiver stress can be reduced through occupational therapy interventions that foster client independence and promote stress reduction strategies for caregivers.

Pat Miller--Mental Health Solutions

Safe mobility is critical for community participation. One-third of older adults have a fear of falling, which is often related to anxiety, depression, and the physical factors.

- Occupational therapy professionals can provide interventions that examine individuals psychosocial well-being and their needs for physical restoration. This enables the occupational therapist to consider underlying factors related to fear of falling. Addressing these issues can help return individuals to community participation, contributing to their wellness and ability to age in place for longer.

Global Issues

Charles H. Christensen--Solutions

Twenty-five percent of the adult population already experiences depression.

- Additional occupational therapists and occupational therapy assistants from all cultural and ethnic backgrounds need to be recruited to work with the elderly population, including those with mental health needs. Incentives are needed to recruit more occupational therapy practitioners to provide quality services to adults as they age.
- No other professionals are better suited to address these issues related to social participation than occupational therapists and occupational therapist assistants.
- Occupational therapy helps people engage in their lives by providing occupation-based interventions focused on individual needs and priorities.

Community

When asked their preferences, older adults often indicate their desire to age in place, that is, to remain in their communities and continue participation in everyday activities. Supporting aging in place will require that homes are accessible, transportation is available, and health and social services can be delivered in the home and nearby.

Karen Pices--Community Solutions

- Subsidizing occupational therapy education is important to get more individuals from diverse backgrounds into the profession who have cultural competency to address the needs of multicultural clients in their homes and communities.
- If the data are correct that there will be a shortage of therapists, tuition and loan forgiveness programs need to be established to assist with recruitment and retention for students and academic programs. Government should look at ways to subsidize occupational therapy academic programs. Assistance is needed to get more students to meet the need.

Evelyn Ardamo--Community Solutions

- Funding is necessary to foster evidence-based research and translate research into best practices that can be implemented into programs that service older adults.

- Occupational therapists and occupational therapy assistants can provide preventive rehabilitation programs in homes and community centers.

Susan Coppola--Community Solutions

- Occupational therapists must be a part of the aging services planning and delivery system.
- Occupational therapists and occupational therapy assistants currently work in fall prevention programs. Research has demonstrated efficacy of occupational therapy's role in reducing falls.
- Additional research is necessary using occupational therapists and occupational therapy assistants to examine what a person is doing and analyze what is happening at the time of falls.

Patricia Schesber--Community Solutions

- Occupational therapists and occupational therapy assistants can promote health, wellness, and rehabilitation in adult day care center programs. Funding is needed to enable the delivery of occupational therapy services in these community-based programs.
- Families provide 84% of free informal care. Fifty percent of this care is delivered by spouses. Families and other caregivers need the types of support that occupational therapists can provide: stress management, instruction in good body mechanics, and so forth.
- Occupational therapy services available in adult day care programs can include fall prevention programs, driving screenings, orientation to assistive devices, and assistance improving occupational performance, including ADLs.

Ellyn Varela Beerstein--Community Solutions

- Occupational therapy has a role in secondary prevention. Occupational therapy screenings and evaluations are needed as prevention for the elderly and at-risk populations (e.g., older driver screenings). Occupational therapist involvement in life care and retirement planning will promote choice and emphasis on positive, occupation-based performance.
- Occupational therapy services can be delivered to individuals or groups. Both delivery models are effective and can address wellness, prevention, and rehabilitation needs that assist the individual's goal to age in place.

Transitions

Marli Cole--Transitions

Thank you for listening to my views on the issues of aging in occupational therapy while attending the AOTA conference in Long Beach. I am especially interested in making the point that occupational therapists have excellent training in the use of groups (group interventions) for both education and motivation of older adults at various levels of ability and disability. This group leadership training, combined with knowledge of health conditions and activity analysis, make occupational therapists the logical choice in designing community programs that focus on

prevention and promote healthy lifestyles (for third-agers/baby boomers). We need to acquire community funding for designing and providing wellness groups (Clark et al., 1997; Jackson, Carlson, Mandel, Zemke, & Clark, 1998).

Also, there is much evidence (Pratt, 1997; Morrow-Howell, Hinterlong, Rozario, & Tang, 2003) that volunteering in older adulthood can prevent both morbidity and mortality. However, statistics (Wheeler, Gorey, & Greenblatt, 1998) show that older adults, although skilled and able, volunteer less often than other age groups. Occupational therapists have the skills to successfully match elder skills and desires with appropriate volunteer roles and to adapt volunteer tasks and environments to help remove barriers to this important source of disability prevention.

Summary

Occupational therapists used AOTA's open forum format to highlight the occupational therapy solutions for many of the issues that will face today's elderly population and baby boomers. Their comments and those of the speakers in the Solutions Forum underscore how occupational therapy services will be important in addressing the workplace of the future, the community, health and long-term living, social engagement, and the marketplace. Occupational therapy services are the solutions to challenges that will be encountered by individuals, organizations, and communities across the United States. Planning for these services today will ensure a healthier aging community into the future.

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